

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/500565 FILING DATE _____
APPLICANT(S) _____

9/20/06 25/5/06 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1		61						
2				1		1	62						
3				1		1	63						
4				1		1	64						
5				1		1	65						
6				1		1	66						
7				1	2	1	67						
8			1		1		68						
9				1		1	69						
10				2		1	70						
11				1		1	71						
12				1		1	72						
13				1		1	73						
14				2		2	74						
15				2		2	75						
16				1		1	76						
17				1		1	77						
18				1		1	78						
19				1		1	79						
20				1		1	80						
21				1		1	81						
22				1		1	82						
23				1		1	83						
24				1		1	84						
25				1		1	85						
26				1		1	86						
27				10		10	87						
28							88						
29							89						
30							90						
31							91						
32							92						
33							93						
34							94						
35							95						
36							96						
37							97						
38							98						
39							99						
40							100						
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.			2		2		TOTAL IND.						
TOTAL DEP.			37		36		TOTAL DEP.						
TOTAL CLAIMS			38		38		TOTAL CLAIMS						